## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number 9/99042/

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OB	OTHER THA	
TOTAL CLAIMS			80				ſ	RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			ASIC FEE		OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			Sominus 20≠		60			X\$ 9=		OR	X\$18=	1.080
INDEPENDENT CLAIMS			₹ minus 3 =		* Ø			X42=		OR	X84=	1,11
MULTIPLE DEPENDENT CLAIM PRESENT						X(		+140=		OR	+280=	287
* If the difference in column 1 is less than zero, enter "0" in						olumn 2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TOTAL		OR	TOTAL	2100
CLAIMS AS AMENDED - PART II								*****	-11777	^	OTHER	
(Column 1)			(Colun				. –	SMALL E		OR '	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 26	Minus	{	50	•		X\$ 9=		OR	X\$18≖	_
	Independent	* 2	Minus	CNOEN	3.	-		X42=		OR	X84=	
لــا	FIRST PRESE	NTATION OF M	JUINE DE	ENDEN	CLAIM		' [·	+140=		OR	+280⇒	
,								TOTAL		OR	TOTAL ADDIT, FEE	_
ADDIT. FEE OR ADDIT. FEE IN ADDIT. FEE IN ADDIT. FEE IN ADDIT. FEE IN ADDIT. FEE												
۲	74-11- 1	CLAIMS		HIGH		100,0,,,,,,,,,,	lr		ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	· 25	Minus	** 8	30	= -		X\$ 9=		OR	X\$18=	_
	Independent	NTATION OF MI	Minus	OHO S	SLAWA	<u> -</u>	ł C	X42=		OR	X84=	
	FIRST PRESE	NIAHON OF MO	JETIPLE DEF	ENDENI	CLAIN		<b>'</b> [	+140=	_	OR	+280=	
								TOTAL		OR	TOTAL ADDIT, FEE	
_		(Column 1) CLAIMS		(Colur		(Column 3)	1 -			. 1		4001
AMENOMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus'	44		x	] [	X\$ 9=		OR	X\$18=	
	Independent		Minus	***		-	1 T	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL			TOTAL	
-	دملية خصصيا سألياء عباد كا	mbar Provincedu P.	aid For IN IH	SSPACE	13 1822 MJ3	71 2U, 611001 2U	. AD	OIT. FEE		OR	ADDIT. FEE	
		imber Previously Panber Previously Pa						d in the app	ropriate bo	in co	lumn 1.	